

**Community Service Network 7 Meeting  
DHHS Offices, Biddeford  
February 8, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Jennifer Goodwin, CSI</li> <li>• Scott Ferris, Creative Work Systems</li> <li>• WC Martin, Common Connection Club &amp; TPG</li> <li>• Mark Jackson, Harmony Center &amp; TPG</li> <li>• Brian Daskivich, Riverview Psychiatric Center</li> </ul> | <ul style="list-style-type: none"> <li>• Elizabeth Sjulander, Saco River Health Services</li> <li>• Chris Souther, Shalom House</li> <li>• Rita Soulard, SMMC</li> <li>• Mary Jane Krebs, Spring Harbor</li> <li>• Wayne Barter, Volunteers of America</li> </ul> | <ul style="list-style-type: none"> <li>• Nancy Ives, Volunteers of America</li> <li>• Jen Ouellette, York County Shelters</li> <li>• Meg Gendron, York County Shelters</li> <li>• Deborah Erickson-Irons, York Hospital</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Community Mediation Services (excused)</li> <li>• Karl Wulf, Common Connection Club</li> <li>• Jeanne Mirisola, NAMI-ME Families (excused)</li> </ul> | <ul style="list-style-type: none"> <li>• Center for Life Enrichment (vacant)</li> <li>• Goodall Hospital</li> <li>• Job Placement Services, Inc.</li> </ul> | <ul style="list-style-type: none"> <li>• Donna Ruble, Sweetser</li> <li>• Kelli Star Fox, Transitions Counseling (excused)</li> </ul> |
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**Others Present:** Dee Clarke, CCSM; Ron St. James, DHHS.

**Staff Present:** DHHS/OAMHS: Ron Welch, Don Chamberlain, Leticia Huttman, Carlton Lewis. Muskie School: Elaine Ecker

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	<p>The minutes were approved with the following revisions:</p> <ul style="list-style-type: none"> <li>• Revise first bullet under "Spring Harbor Observation Beds" to read "diagnostic <i>and treatment</i> services"</li> <li>• Revise fifth bullet under same section to read "8% patients from <i>York</i>"</li> <li>• Under "Review of Peer Services" revise 3rd sentence to correct upper funding range to "\$50 (<i>Cumberland</i>)."</li> <li>• Under "Counseling Services Inc (CSI) Crisis Stabilization Unit (CSU)," strike second sentence of last bullet and add "<i>after discussion of person's ability to be safe in the facility.</i>"</li> </ul>
III. Review Meeting Guidelines	Carlton reviewed the meeting guidelines provided in the meeting materials, noting especially: 1) the agreement to turn off all cell phones and pagers, and 2) to avoid the use of acronyms and jargon.
IV. Consumer Council System of Maine	<p>Dee Clarke, the Consumer Council System of Maine Outreach Worker for Region I, introduced herself to the group and explained her role and mission in promoting the development of the new Consumer Council System. She expressed her enthusiasm for this movement and belief that the time is right for a meaningful and effective consumer voice to influence mental health services and issues on the State and local levels. She encouraged provider members to think of ways to host/encourage meeting and informational opportunities with consumers for which they provide services, and assured she would be in contact with members to assist in her efforts to:</p> <ul style="list-style-type: none"> <li>• Recruit consumer participation in and educate consumers about the council system</li> <li>• Inform consumers about the Regional Conference, May 10, at Verillo's in Portland</li> <li>• Meet one-on-one, in small group gatherings, or present to larger groups of consumers</li> </ul> <p><b>ACTION:</b> Elaine will provide Dee with contact information for all members of CSN 7.</p>

Agenda Item	Presentation, Discussion
V. Peer Services, Part II	<p>Members received revised Peer Services funding information, recalculated after shifting Bridgton area population from CSN 6 to CSN 5 (where most receive services). Leticia also handed out copies of the OAMHS Performance Indicator and Outcome Reporting Forms for Peer Services and Warm Lines. She explained that OAMHS is looking to improve the meaningfulness of the data collected and asked members to give feedback on the data that should be collected to inform the effectiveness of the services.</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> <li>• Will CSN determine data they want to collect or will it be standard across CSNs? Probably both, some core data, some unique to areas.</li> <li>• Could information be pulled from MaineCare data that is already reported? At this time, focus is on making sure payments go out, not data analysis, though that would be very useful and necessary.</li> </ul> <p>The group looked at a handout of statewide Maine Care data showing numbers served, units of service, total costs, and average cost per person for adult mental health core services in 2004, 2005, 2006. OAMHS will try to get the statewide numbers broken down by CSN.</p> <p>Continuing discussion:</p> <ul style="list-style-type: none"> <li>• A member put forward the idea of narrowing the focus and tracking two key indicators, for instance: To what extent does service contribute to 1) experience of recovery and 2) ability to work. Those indicators could provide a starting place for building an empirical foundation, consistent “apples-to-apples” data, and a “reasonable barometer” of what is having the biggest impact on quality of life.</li> <li>• Maybe use a quality of life measuring tool that asks about housing, working, and how well the person feels-- SAMHSA has 5-minute survey that gets to the core issues.</li> <li>• Does existence of warm lines cut down on crises? Divert from crisis? Difficult to assess how warm line frees up crisis resources for more critical needs.</li> <li>• Operate warm lines: Aroostook Mental Health Center, Amistad, Community Health &amp; Counseling, Sweetser, Hope Recovery.</li> <li>• Some members not aware of Amistad’s statewide warm line.</li> </ul> <p>Members received a copy of the winter program schedule for CSI’s Center for Life Enrichment and Peer Support Program.</p> <p><b>ACTION:</b> Members will make recommendations around Peer Services in this CSN (perhaps make proposal about peer services in emergency room?) at the next meeting.</p>
VI. Statewide Policy Council	<p>Ron explained that the deadline for volunteers and nominations for the Statewide Policy Council is February 9, after which OAMHS will choose 15 members, as described in his January memo. OAMHS will notify all CSN members re: names and meeting dates.</p>
VII. Resolve PL 192	<p>Ron distributed copies of the newly released Resolve PL 192 Draft Report. The first public forum on the report was held on Feb. 5 in Augusta, with no one attending. Other forums are scheduled for Feb. 22 in Bangor, and for this CSN, on March 1 at Spring Harbor, from 2:00-3:30.</p> <ul style="list-style-type: none"> <li>• How are the forums being publicized? Through MAMHS (Maine Association of Mental Health Services), advocacy and consumer organizations, and posted on DHHS web site.</li> </ul>

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VIII. Crisis Stabilization Units, Part II	<p>Don distributed updated CSU information spreadsheets, recalculated to reflect the additional beds not included in last month's version. CSN 7 has 7 beds (Counseling Services, Inc.), with 71.7% utilization.</p> <p>Members had significant discussion about the pervasive impression that "there are no beds," whether it's crisis, hospital, shelter, noting the many factors in determining whether "a bed is a bed," (appropriate for person seeking admission), i.e. staff, acuity, safety level, gender issues, etc., and discussed some specific and overall challenges in the admission process in this CSN.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Homeless provider member stated that it would be helpful to be given more specific reason(s) why CSU bed isn't available for the person, and to know up front what definitely excludes a person from a bed (for example insulin-dependency).</li> <li>• Are there statewide standards for admission? Very minimal, much agency discretion.</li> </ul> <p>CSI's CSU has capacity and willingness to do "step-downs," though don't do very many and do not track whether admission is a step-down. Member commented that it would be helpful to know how many are step-downs.</p> <p><b>ACTION:</b> Members will make recommendation on CSU services at the next meeting.  <b>ACTION:</b> CSI will provide completed CSU Data Form for presentation at the next meeting.  <b>ACTION:</b> Going forward, CSU providers will track data on how many were not admitted and why they were not admitted.</p> <p><b>Spring Harbor Observation Beds (OBs) Update</b>  Mary Jane Krebs presented additional information (7-1-05 to 12-26-06) on Spring Harbor's OBs, as requested at the last meeting.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Total number of individuals served in 800 admissions: 602</li> <li>• Average length of stay for those who move from observation level to inpatient level: 5.7 days (includes OB stay)</li> <li>• Average length of stay for those admitted directly to inpatient: 6.9 days</li> <li>• Nearly identical readmission rates for observation only and inpatient only levels of care: 13.6 % and 13.3%, respectively.</li> </ul> <p>Possible Indications/Questions:</p> <ul style="list-style-type: none"> <li>• Does intensity of OB level of care reduce length of stay or does complexity of direct inpatient admissions inherently require longer stay?</li> <li>• Readmission rates show that OB just as effective for those individuals using that level of care.</li> <li>• OB may be more positive psychologically for consumers, i.e. short, voluntary, outpatient level of care.</li> </ul>
IX. Crisis Services Review	<p>Members received a comprehensive spreadsheet of 2006 data collected quarterly from crisis programs throughout the state, as well as the Performance Indicator and Outcome Reporting Form for Crisis Services. Don reviewed the categories, and encouraged feedback. Members asked for OAMHS to identify data points that must remain due to Consent Decree or state/federal regulations.</p> <p>A question was raised about whether or not the number of contacts to CSI represented just mental health crisis calls or other types of contacts. Jen Goodwin of CSI said the vast majority of contacts have a mental health component, but they</p>

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	<p>don't differentiate. The number does include some things that technically shouldn't be counted according to criteria on the form, i.e. "warm line" contacts. CSI identifies those in the content record of the call. Question to CSI: What then are we looking at--what content makes up that total?</p> <p><b>ACTION:</b> OAMHS will identify those data points required by Consent Decree or other regulations.</p> <p><b>ACTION:</b> Members may give feedback on all data forms received at this meeting by emailing Elaine at <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a>.</p> <p><b>Counseling Services Inc. (CSI) Crisis Services</b></p> <p>Jen Goodwin gave the following information on CSI's crisis program (July 05 – June 06):</p> <ul style="list-style-type: none"> <li>• 1,945 face-to-face cases</li> <li>• 924 home with community linkage</li> <li>• 135 home without community linkage</li> <li>• 1 medically admitted</li> <li>• 21 seen in jail or on way to jail</li> <li>• 38 referrals to in-home crisis supports (this service no longer staffed for adults)</li> <li>• 282 admitted to CSU</li> <li>• 145 involuntary hospitalizations (striving to lower this number)</li> </ul> <p>Jen expressed apprehension about potential changes in funding or services based on "far less than complete picture of services" presented during these meetings. Ron explained that all eight core services will be looked at, and that OAMHS is not in a position yet to make any changes.</p>
X. Rate Standardization	DHHS has had 3 meetings with representatives of MAMHS about their involvement in the actual rate-setting process and expects notification of their decision soon. OAMHS must submit a rate standardization plan to save \$4M in each year of the biennium by February 20.
XI. Confidentiality	Members received a draft Confidentiality Statement and were encouraged to review it and send any feedback to Elaine Ecker, <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a> . Further discussion at March meeting.
XII. Other	Mary Jane Krebs distributed a handout describing Spring Harbor's new role as "gatekeeper" for admissions to Riverview Psychiatric Center, officially in effect 2-19-07. Crisis programs now contact community hospitals, then Spring Harbor, and not Riverview directly.
XIII. Public Comment	
XIV. March Agenda Items	Peer Services Crisis Stabilization Units Crisis Services Confidentiality